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Standard Form No. 1034—Revised
Form prescribed by
Comptroller General
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. 446

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

_____
(Address) (City) (State)

PAID BY

SAPC 10058
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Costs				58,768	48

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total $58,768 48

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 10-10-56 *Payee STATINTL
(This certificate not required when [redacted] bill or bills)

Per _____ Title [redacted]

(Payee must NOT use this space)

Differences _____

Amount verified; correct for 58,768 48

(Signature or initials) JHK

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for $ _____

[redacted]

SIGN ORIGINAL ONLY

Title APPROVING OFFICER

† [redacted] 10/22/56

Title [redacted] 10/22/56

Date CONTRACTING OFFICER

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.
Cash, $_____ on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for $_____", and

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Per _____

Title _____

Standard Form No. 1035a—Revised
Form prescribed by
Comptroller General, U. S.
September 1, 1949
(Gen. Reg. No. 51, Supp. No. 11)

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Public Voucher for Purchases and Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 446

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 9/24/56 thru 9/30/56				STATINTL	
		Labor Week Ending September 30, 1956				[redacted]	
STATINTL		Overhead computed for the Communications Division at interim rate of [redacted]					
STATINTL		Other Costs - per schedule attached		13,564	33		
		Adjustments:					
		JV 086123 282.65					
		JV 086207 19.20		301	85		
		See Sheet No. 2		27,200	00	41,066	18
		Total Labor, Overhead and Other Costs				[redacted]	
STATINTL		G & A expense computed at interim rate of [redacted]					
		Total Costs				$58,768	48
						STATINTL	

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Public Voucher for Purchases and Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE (Department, bureau, or establishment) Sheet No. 2 of Bureau Voucher No. 446

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Check No. Payee P.O. #					
		422 HEW/PACK 528623				27,200	00

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RW . 11002 (4-58)

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☐ SUMMARY INDIRECT POSTING JOURNAL FOR OPERATING DIVISIONS

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☐ SUMMARY INDIRECT POST FOR NON-OPERATING DIV

COST CENTER MAJ	INT	SUB	DATE MO	DAY	YR	CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
25	40	00	9	28	6	467	GLOBE ELEC	528717
25	40	00	9	28	6	467	GLOBE ELEC	528716
25	40	00	9	28	6	485	PHILAMON	527585
25	40	00	09	25	6	394	GLIDE EAS	528637
25	40	00	09	25	6	394	GLIDE EAS	529101
25	40	00	09	25	6	394	GLIDE EAS	528637
25	40	00	09	27	6	421	GRAPHIK	528878
25	40	00	9	28	6	481	OAK MFG	528974
25	40	00	09	27	6	425	HUNT CORP	528261
25	40	00	09	27	6	426	JEFFERS	522058
25	40	00	9	28	6	454	CARDIC	528887
25	40	00	9	28	6	477	MCFAD / MITCH	529203
25	40	00	9	28	6	477	MCF / MITCH	529148
25	40	00	9	28	6	477	MCF / MITCH	529148
25	40	00	9	28	6	477	MCFAD / MITCH	529203
25	40	00	09	25	6	394	GLIDE EAS	512440
25	40	00	9	28	6	483	PERFECTO	529090
25	40	00	09	27	6	428	LUTHER MFG	529261
25	40	00	9	28	6	467	GLOBE ELEC	528436
25	40	00	09	27	6	421	GRAPHIK	528731
25	40	00	9	28	6	485	PHILAMON	527585
25	40	00	9	28	6	486	PRE SHEET	528819
25	40	00	09	25	6	394	GLIDE EAS	528721
25	40	00	09	25	6	394	GLIDE EAS	528721

6
5
4
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1

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1 PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION ACCOUNT	M.J.O.	S. O.	WORK ORDER	DISTRIBUTION AMOUNT
11760	5	12700	5042	63		396 90
11759	5	12700	5042	63		353 28
8797	5	12700	5042	63		126 00
	5	12700	5042	63		751 80 -
	5	12700	5042	63		436 21 -
	5	12700	5042	63		527 75 -
2	5	12700	5042	63		107 32
						742 06 - -
						742 06 - *
						742 06 - * -
1	5	12700	5042	65		40 72
						40 72 -
						40 72 *
						40 72 * -
11205	5	12700	5042	67		29 70
3238	5	12700	5042	67		4 60
1	5	12700	5042	67		72 25
11764	5	12700	5042	67		108 60
11650	5	12700	5042	67		258 30
	5	12700	5042	67		43 05 -
	5	12700	5042	67		57 60 -
1	5	12700	5042	67		387 34
						760 14 -
						760 14 *
						760 14 * -
1	5	12700	5042	68		332 64
						332 64 -
						332 64 *
						332 64 * -
1	5	12700	5042	69		149 25
						149 25 -
						149 25 *
						149 25 * -
8210	5	12700	5042	70		18 00
						18 00 -
						18 00 *
						18 00 * -
10788	5	12700	5042	73		270 55
8797	5	12700	5042	73		126 00
1	5	12700	5042	73		46 76
1	5	12700	5042	73		105 49
11064	5	12700	5042	73		123 84
						672 64 -
						672 64 *
						672 64 * -
					page 1	1 231 33
					" 2	12 322 80
					" 3	10 20
					Total	$ 13 564 33

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	COST CENTER MAJ	INT	SUB	DATE MO	DAY	YR	CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
	25	40	00	09	25	6	395	HYCOR	528510
	25	40	00	09	25	6	395	HYCOR	528512
	25	40	00	09	25	6	395	HYCOR	528510
	25	40	00	9	28	6	501	TEXAS	528457
	25	40	00	9	28	6	486	PRE SHEET	528803
	25	40	00	09	25	6	394	GLIDE EAS	528722
	25	40	00	09	27	6	421	GRAPHIK	528731
	25	40	00	9	28	6	486	PRE SHEET	528803
	25	40	00	09	25	6	394	GLIDE EAS	528721
	25	40	00	09	25	6	394	GLIDE EAS	528721
	25	40	00	09	25	6	394	GLIDE EAS	528722
	25	40	00	09	25	6	394	GLIDE EAS	528722
	25	40	00	09	27	6	421	GRAPHIK	528731
	25	40	00	9	28	6	461	FABRI/TRON	529055
	25	40	00	09	25	6	394	GLIDE EAS	528721
	25	40	00	09	25	6	394	GLIDE EAS	528721
	25	40	00	09	25	6	394	GLIDE EAS	528722
	25	40	00	09	26	6	407	PERFECTO	528660
	25	40	00	09	26	6	407	PERFECTO	528660
	25	40	00	09	26	6	407	PERFECTO	528568
	25	40	00	09	27	6	437	TOOL MAKERS	529212
	25	40	00	9	28	6	477	MCFAD / MITCH	529205
	25	40	00	9	28	6	477	MCFAD / MITCH	529205
	25	40	00	9	28	6	483	PERFECTO	529210
	25	40	00	09	27	6	437	TOOL MAKER	528550
	25	40	00	09	26	6	405	MOD PLAT	529536
	25	40	00	09	27	6	421	GRAPHIK CIR	528731
	25	40	00	09	27	6	421	GRAPHIK	528731
	25	40	00	09	27	6	421	GRAPHIK	528731
	25	40	00	09	27	6	421	GRAPHIK	528731
6	25	40	00	09	27	6	437	TOOL MAKERS	528550
	25	40	00	09	27	6	437	TOOL MAKERS	528550
	25	40	00	9	28	6	454	CARDIC	528638
	25	40	00	9	28	6	454	CARDIC	528638
5	25	40	00	9	28	6	508	CRAWFORD	528463
4	25	40	00	9	28	6	450	ARGYLE	529138
3	25	40	00	09	27	6	421	GRAPHIK	528878
2									
1									

THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

FORM 1421

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2 PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION ACCOUNT	M.J.O.	S. O.	WORK ORDER	DISTRIBUTION AMOUNT
2	5	12700	5042			4 360 75
1	5	12700	5042			325 91
1	5	12700	5042			4 796 83
1	5	12700	5042			19 40
						9 502 89 -
						9 502 89 *
						9 502 89 * -
	5	12700	5042	14		3 184
	5	12700	5042	14		7 84 -
10788	5	12700	5042	14		3 478 85
	5	12700	5042	14		46 57 -
1	5	12700	5042	14		135 63
11064	5	12700	5042	14		159 21
	5	12700	5042	14		133 36 -
						486 76 -
						486 76 *
						486 76 * -
	5	12700	5042	24		9 59 -
10788	5	12700	5042	24		154 60
1	5	12700	5042	24		9 62
1	5	12700	5042	24		60 28
11064	5	12700	5042	24		70 76
	5	12700	5042	24		162 99 -
						122 68 -
						122 68 *
						122 68 * -
	5	12700	5042	29		23 88
1	5	12700	5042	29		216 60
						240 48 -
						240 48 *
						240 48 * -
	5	12700	5042	51		4 98 -
1	5	12700	5042	51		32 83
1	5	12700	5042	51		385 14
	5	12700	5042	51		385 14 -
1	5	12700	5042	51		127 85
						155 70 -
						155 70 *
						155 70 * -
11190		12700	5042	54		99 25
						99 25 -
						99 25 *
						99 25 * -
1	5	12700	5042	54		15 00
10361	5	12700	5042	54		137 30
	5	12700	5042	54		4 33 -
	5	12700	5042	54		7 35 -
	5	12700	5042	54		7 35 -
1	5	12700	5042	54		99 25
	5	12700	5042	54		99 25 -
1	5	12700	5042	54		69 30
	5	12700	5042	54		48 30 -
	5	12700	5042	54		1 310 03
						1 464 30 -
						1 464 30 *
						1 464 30 * -
1	5	12700	5042	60		250 74
						250 74 -
						250 74 *
						250 74 * -
	5	12700	5042	63		9 80 -
						12 322 80

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ACCOUN

	COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
	MAJ	INT	SUB	MO	DAY	YR			
	25	20	20	9	28	6	474	PETTY CASH	U
6									
5									
4									
3									
2									
1									

THE STANDARD REGISTER CO. PACIFIC DIVISION OAKLAND LOS ANGELES

FORM 1421

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3 PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
	5	12700	5036	2		10 00
						10 00 -
						10 00 *
						10 00 * -

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